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CONFIRMATION NO. 5345

<b>SERIAL NUMBER</b> 10/691,119	<b>FILING OR 371(c) DATE</b> 10/21/2003 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3767	<b>ATTORNEY DOCKET NO.</b> 021621-000120US
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## APPLICANTS

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w 12/7/06

## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CIP of 10/350,314 01/22/2003 which claims benefit of 60/350,564 01/22/2002  
 and claims benefit of 60/356,670 02/13/2002 \*  
 and claims benefit of 60/370,602 04/05/2002  
 and claims benefit of 60/430,993 12/03/2002  
 (\*)Data provided by applicant is not consistent with PTO records.

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## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

01/20/2004

\*\* SMALL ENTITY \*\*

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY CA	SHEETS DRAWING 11	TOTAL CLAIMS 29	INDEPENDENT CLAIMS 4
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## ADDRESS

20350

## TITLE

Methods and kits for volumetric distribution of pharmaceutical agents via the vascular adventitia and microcirculation

<b>FILING FEE RECEIVED</b> 574	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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